2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000010232

1. Entity Name
HEDWIG CORP.

54026278

03152004   Chg-P   CR2E034 (10/03)

Principal Place of Business	Mailing Address
9130 S. DADELAND BLVD. SUITE #1504 MIAMI, FL 33156	9130 S. DADELAND BLVD. SUITE #1504 MIAMI, FL 33156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number   65-1072415   Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GUENGN, NGEIOI
9130 S. DADELAND BLVD
SUITE #1504
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name *MARIO GUZMAN*

Street Address (P.O. Box Number is Not Acceptable) *9130 S. DADELAND BLVD. STE # 1504*

City *Miami*   **FL**   Zip Code *33156*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ *MARIO GUZMAN REG. AGEN* (NOTE: Registered Agent signature required when reinstating)   DATE *3/23/04*

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD ☐ Delete	NAME: TREVISAN, OMAR PEDRO	STREET ADDRESS: 9010 SW 137TH AVENUE SUITE 207	CITY-ST-ZIP: MIAMI, FL 33186

Block 11 row 1: ☐ Change ☐ Addition — *9130 S. DADELAND BLVD. STE 1504 Miami FL. 33156*

Block 10 row 2: TITLE: SD ☐ Delete | NAME: VEGEL DE TREVISAN, ANA MARIA | STREET ADDRESS: 9010 SW 137TH AVENUE SUITE 207 | CITY-ST-ZIP: MIAMI, FL 33186

Block 11 row 2: ☐ Change ☐ Addition — *9130 S. DADELAND BLVD. STE. 1504 Miami FL. 33151*

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ *OMAR TREVISAN PRESIDENT 3/23/04*   *305 670 1991*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #